

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033119

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 309

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) SEDALIA		c. CITY OR TOWN VERSAILLES	
Length of stay in lb 3 1/2 MONTH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) BOTHWELL		d. STREET ADDRESS (If outside, give location) CLEVELAND	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) PEARL CHRISTIAN HANSEN		4. DATE OF DEATH Month SEPT. Day 7 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE CAD.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-93
9. AGE (last birthday) 70		10. BIRTHPLACE (City and state or country) KANSAS	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. NAME OF HUSBAND OR WIFE ANTON HANSEN	
13a. FATHER'S NAME NO RECORD		13b. MOTHER'S MAIDEN NAME DELLA GRAY	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		15. SOCIAL SECURITY NO. N	
16. INFORMATION ANTON HANSEN VERSAILLES, MO.		Address	

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast, rt		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from May 24, 1963 to Sept 7, '63 and last saw her alive on Sept 6, 63 Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) John E. Ramsey M.D.	22b. ADDRESS 1609 Sp Rionit Sedalia Mo	22c. DATE SIGNED 9/7/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9 SEPT. 63	23c. NAME OF CEMETERY OR CREMATORY VERSAILLES CEM.
23d. LOCATION (City, town, or county) VERSAILLES, MO.		

24. FUNERAL DIRECTOR KIDWELL FUNERAL HOME VERSAILLES MO	25. DATE RECD. BY LOCAL REG. Sept 9, 1963	26. REGISTRAR'S SIGNATURE Francis N. Richardson
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 16 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Raymond Parker

Licensed Embalmer No. 4626

P. O. Address

Leesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.